



COPY OF PAPERS
ORIGINALLY FILED

RECEIVED
67/1645
AUG 30 2002

TECH CENTER 1600/2900

Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

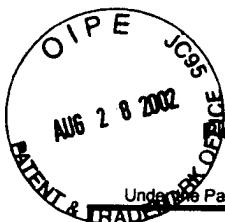
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/876,997
	Filing Date	June 8, 2001
	First Named Inventor	Dumas Milne Edwards, et al.
	Group Art Unit	1645
	Examiner Name	Unassigned
Total Number of Pages in This Submission	Attorney Docket Number	78.US4.CIP

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Power of Attorney or Authorization of Agent; Statement under 37 CFR 3.73(b); Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	John Lucas, Ph.D., J.D.	Reg. No. 43,373
Signature		
Date	20 Aug 02	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 08/21/2002		
Typed or printed name	CH McClure	
Signature	CH McClure	Date AUGUST 21 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



COPY OF PAPERS
ORIGINALLY FILED

RECEIVED

AUG 30 2002

Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002. PTO/SB/81 (10-00)
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/81 (10-00)
1600/2900

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Page 1 of 1

Application Number	09/876,997
Filing Date	June 8, 2001
First Named Inventor	Dumas Milne Edwards, et al.
Group Art Unit	1645
Examiner Name	Unassigned
Attorney Docket Number	78.US4.CIP

#8
Plunkett
8/10/02

I hereby appoint:

☐ Practitioners at Customer Number

23,557

OR

☒ Practitioner(s) named below:

Name	Registration Number
John M. Lucas	43,373
Peter Follette	46,213
Carol Johns	50,463
Aaron J. Scalia	P-52,193
Kristen K. Walker	P-52,335

Frank C. Eisenschenk; Reg. No. 45,332; and the registrants of the firm Saliwanchik, Lloyd & Saliwanchik, A Professional Association, 2421 N.W. 41st Street, Suite A-1, Gainesville, FL 32606-6669, Customer ID No. 23,557; as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number

OR

☒ Firm or
Individual
Name

Frank C. Eisenschenk, Ph.D.

Address Saliwanchik, Lloyd & Saliwanchik

Address 2421 N. W. 41st Street, Suite A-1

City Gainesville State FL Zip 32606-6669

Country USA

Telephone (352) 375-8100 Fax (352) 372-5800

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. (See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)..

SIGNATURE of Applicant or Assignee of Record

Name John Lucas, Ph.D., J.D.

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



COPY OF PAPERS
ORIGINALLY FILED

RECEIVED

AUG 30 2002

Please type a plus sign (+) inside this box → ☒

TECH CENTER 1600/2900
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Assistant Commissioner for Patents Washington, D.C. 20231	Application Number	09/876,997
	Filing Date	June 8, 2001
	First Named Inventor	Dumas Milne Edwards, et al.
	Group Art Unit	1645
	Examiner Name	Unassigned
	Attorney Docket Number	78.US4.CIP

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number
OR

23557

→ Place Customer
Number Bar Code
Label Here

<input checked="" type="checkbox"/> Firm or Individual Name	Frank C. Eisenschenk, Ph.D.				
Address	SALIWANCHIK, LLOYD & SALIWANCHIK				
Address	2421 N.W. 41 st Street, Suite A-1				
City	Gainesville	State	FL	Zip	32606-6669
Country	USA				
Telephone	(352) 375-8100	Fax	(352) 372-5800		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest. (See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)..
- ☒ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration No. _____.

SIGNATURE of Applicant or Assignee of Record

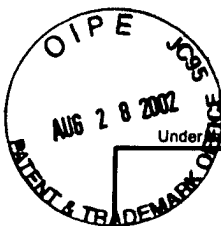
Name	John Lucas, Ph.D., J.D.	Reg. No. 43,373
Signature		
Date	20 Aug 02	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

COPY OF PAPERS
ORIGINALLY FILED



PTO/SB/96 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Dumas Milne Edwards, et al.
Application No./Patent No.: 09/876,997 Filed/Issue Date: June 8, 2001
Entitled: Full-Length Human cDNAs Encoding Potentially Secreted Proteins
GENSET, a corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012335, Frame 0169, or for which a copy thereof is attached. (Recorded: December 3, 2001)

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.
[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

20 Aug 02
Date

John Lucas, Ph.D., J.D.

Typed or printed name

[Signature]
Signature

Director, Intellectual Property

Title

Genset Corp.
10665 Sorrento Valley Road
San Diego, CA 92121
Phone: 858-597-2600 / Fax: 858-597-2601

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.